

Table of Contents

State/Territory Name: MN

State Plan Amendment (SPA) #: 15-0026

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



December 14, 2015

Marie Zimmerman, State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Ms. Zimmerman:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #15-0026 --Amending various sections of the state plan related to managed care.

--Effective Date: July1, 2015

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at Sandra.Porter@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Ann Berg, MDHS
Sean Barrett, MDHS

Revision: HCFA-AT-84-2(BERC)
01-84

OMB No. 0938-0193

State: MINNESOTA

Citation

4.23 Use of Contracts

42 CFR Part 434.4
48 FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

— Not applicable. The State has no such contracts.

42 CFR Part 438

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 438. All contracts meet the requirements of 42 CFR Part 438. Risk contracts are procured through ~~an a statewide competitive open~~ procurement process that is consistent with 2 CFR Part 200, 45 CFR Part 92. The state does not use a competitive bid process but contracts with any willing and qualified provider that meets the State's contract standards for managed care organizations, with the following exception. The state uses a competitive bid process for twenty seven counties in northern, central, and southeastern Minnesota and the seven county Twin Cities' metropolitan area for contracts affecting families and children and recipients described in Attachment 3.1-F, at D.1. The risk contract is with:

x a managed care organization that meets the definition of § 1903(m) of the Act and 42 CFR § 438.2

— a prepaid inpatient health plan that meets the definition of 42 CFR § 438.2

— a prepaid ambulatory health plan that meets the definition of 42 CFR § 438.2

— not applicable.

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
15-26

2. STATE
Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
~~January 1, 2016~~ July 1, 2015
S. Porter (CMS) 12/09/15

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1932 of the Act

7. FEDERAL BUDGET IMPACT (in thousands):
CY '16: \$(271,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Preprint p. 71
Att. 3.1-F, pp. 8, 9, & 12

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:
Managed Care

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:)
Ann Berg

14. TITLE:
Deputy Medicaid Director

15. DATE SUBMITTED:
September 30, 2015

16. RETURN TO:

Sean Barrett
Minnesota Department of Human Services
Federal Relations Unit
P.O. Box 64983
St. Paul, MN 55164-0983

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 30, 2015

18. DATE APPROVED:

December 14, 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
Ruth A. Hughes

22. TITLE:
Associate Regional Administrator

23. REMARKS:

State: MINNESOTA

Citation

Condition or Requirement

- xv. a Medicaid-eligible person under item D, subitem 1 for the time period between application and MCO enrollment.
- xvi. individuals who are participating in the Chemical Health Care Services Pilot Project authorized in Minnesota Statutes, section 254B.13.

42 CFR §438.50

G. List All Other Eligible Groups Who Will be Permitted to Enroll on a Voluntary Basis

- i. children with severe emotional disturbance who receive case management services. These are children with an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior and meet the statutory criteria in Minnesota's Children's Mental Health Act.
- ii. adults under 65 with severe and persistent mental illness who receive case management services. These are adults who have a mental illness and meet the statutory criteria in Minnesota's Adult Mental Health Act.
- iii. children receiving state-funded adoption assistance.
- iv. children receiving adoption assistance under Title IV-E.
- v. children under 19 receiving SSI who choose ~~an AFDC-related~~ MAGI-based categorically needy group.
- vi. individuals under age 65 who are receiving Medicare or are blind or disabled, who meet a basis of eligibility under item D, subitem 1.
- vii. enrollees described in item D, subitem 1 with private MCO health coverage that is not cost effective, as long as the MCO is the same as the MCO the enrollee chooses.

H. Enrollment Process

§ 1932(a)(4)(D)
42 CFR §438.50(f)

1. Definitions

- i. An existing provider-recipient relationship is one in which the provider was the main source of Medicaid services for the recipient during the previous year. This may be established through state records of previous managed care enrollment or fee-for-service experience, or through contact with the recipient.
- ii. A provider is considered to have "traditionally served" Medicaid recipients if it has experience in serving the Medicaid population.

TN No. 15-26
Supersedes
TN No. 11-07, 05-03

Approval Date 12/14/15

Effective Date 7/1/2015

State: MINNESOTA

Citation

§ 1932(a)(4)
42 CFR § 438.50(f)

Condition or Requirement

2. State process for enrollment by default.

Describe how the state's default enrollment process will preserve:

- i. the existing provider-recipient relationship (as defined in H.1.i.).

~~If it is a new enrollee, the~~ The Department determines whether the recipient or an associated household member has an existing provider-MCO-recipient relationship. If there is a relationship, the new enrollee is enrolled in the same MCO.

At initial enrollment and annual re-enrollment ~~When applying,~~ an enrollee is asked to select an MCO ~~and a provider.~~

- ii. the relationship with providers that have traditionally served Medicaid recipients (as defined in H.1.ii).

See 2. i, above.

- iii. the equitable distribution of Medicaid recipients among qualified MCOs and PCCMs available to enroll them (excluding those that are subject to intermediate sanction described in 42 CFR § 438.702(a)(4)), and disenrollment for cause in accordance with 42 CFR § 438.56(d)(2). *(Example: No auto-assignments will be made if MCO meets a certain percentage of capacity)*

The system determines a default MCO plan by searching to find if any ~~associated~~ household member is enrolled in managed care. Next, it determines whether that MCO is available for enrollment in the recipient's county of residence. If the MCO is available, the individual is enrolled in the MCO.

If no ~~associated~~ household member is enrolled in managed care, or ~~if an associated household member is active but the MCO of that household member is not available for enrollment in the county of residence, then selection of a the~~ default MCO is determined on a rotating basis using all MCOs available for enrollment in the recipient's county of residence assigned as described below.

~~For all but certain contracts in the Twin Cities' seven county metropolitan area and twenty-seven counties in northern, central, and southeastern Minnesota, there is default assignment enrollment on a rotating basis between MCOs. For all counties in Minnesota, the state will direct the default assignment to a single MCO for each county, and will adjust the default plan as necessary to manage capacity. Defaults are assigned by the MMIS system, when all of the following are met:~~

- eligibility is open
- recipient resides in a managed care county
- recipient is not currently enrolled in a MCO, or the MCO is no longer available
- recipient is not in a § 1932(a)(2) excluded group

~~For the seven county Twin Cities' metropolitan area and twenty-seven counties in northern, central, and southeastern Minnesota, the state will direct the default assignment to a single MCO for each county, and will adjust the default plan as necessary to manage capacity.~~

§ 1932(a)(4)(A), (D)
42 CFR § 438.50(f)
42 CFR § 438.56(c)

3. As part of the state's discussion on the default enrollment process, include the following information:

- i. The state will x /will not use a lock-in for managed care.

State: MINNESOTA

Citation

Condition or Requirement

§ 1932(a)(5)(D)

L. List all Services that are Excluded for Each Model (MCO & PCCM)

For MCOs:

- i. Abortion
- ii. ~~effective until January 1, 2009, services provided to recipients with severe emotional disturbance residing in children's residential treatment facilities.~~
- iii. ~~effective until July 1, 2009, mental health targeted case management~~
- ii. Child welfare targeted case management
- iii. Targeted case management services for persons not receiving services pursuant to a § 1915 (c) waiver who are vulnerable adults, adults with developmental disabilities or related conditions, or adults without a permanent residence
- iv. Services provided pursuant to an individualized education plan (IEP) or individual family service plan (IFSP).
- v. Nursing facility services
- vi. Relocation coordination services

§ 1932(a)(1)(A)(ii)

M. Selective Contracting Under a § 1932 State Plan Option

To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.

- 1. The state will x/will not ~~x~~ intentionally limit the number of entities it contracts with under a § 1932 state plan option.
- 2. x The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.
- 3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. *(Example: a limited number of providers and/or enrollees)* N/A. The Department may limit the number of entities it contracts with in a given area, depending on a number of factors, including MCO capacity, networks, and administrative cost and effort
- 4. ~~x~~ The selective contracting provision is not applicable to this state plan.

TN No. 15-26
Supersedes
TN No. 08-08, 05-03

Approval Date 12/14/15

Effective Date 7/1/2015